

 Department of Veterans Affairs		1. INSURANCE FILE NUMBER F--	
CLAIM FOR MONTHLY PAYMENTS NATIONAL SERVICE LIFE INSURANCE		2. INSURANCE POLICY NUMBER	
3. NET AMOUNT PAYABLE	4. BENEFICIARY'S SHARE (<i>Fraction</i>)	5. PAYMENT OPTION SELECTED BY INSURED	
<p>IMPORTANT - Use this form for all policy prefixes except K.</p> <p>BENEFICIARY - This form is to be used only when monthly payments were selected by the insured, or the beneficiary is selecting monthly payments instead of one sum. See the directions on the reverse side if you wish to select a Lump Sum Payment.</p> <p>SIGNATURE - In order to expedite payment of this claim Item 16 must be signed by the beneficiary. If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 12.</p> <p>PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM</p>			
6. FIRST, MIDDLE, LAST NAME OF INSURED VETERAN		7. DATE OF DEATH	8. INSURED'S PLACE OF DEATH
9. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY		10. RELATIONSHIP TO INSURED	11. BENEFICIARY'S DATE OF BIRTH
12. ADDRESS OF BENEFICIARY OR THEIR GUARDIAN		13. BENEFICIARY'S DAYTIME PHONE NUMBER (<i>Include Area Code</i>)	14. BENEFICIARY'S SOCIAL SECURITY NUMBER
15. SELECTION OF OPTION			
<p>Read the instructions on the reverse side and consult the tables attached before making your selection in the space below.</p> <p>Check the block for the option selected, or more than one block if more than one option is selected in accordance with Instruction 2 on the reverse side.</p> <p>If selecting Option 2, please complete all items on the line checked.</p>			
OPTION NUMBER		OPTION DESCRIPTION	
<input type="checkbox"/> 2		MONTHLY INSTALLMENTS PAYABLE FOR 36 TO 240 MONTHS (<i>In multiples of 12</i>)	NUMBER OF EQUAL MONTHLY INSTALLMENTS (<i>In multiples of 12</i>)
<input type="checkbox"/> 3		MONTHLY INSTALLMENTS CONTINUING THROUGHOUT THE LIFETIME OF THE BENEFICIARY WITHIN 120 PAYMENTS GUARANTEED (<i>PROOF OF AGE REQUIRED</i>)	
<input type="checkbox"/> 4		MONTHLY INSTALLMENTS CONTINUING THROUGHOUT THE LIFETIME OF THE BENEFICIARY, WHICH WILL GUARANTEE PAYMENT OF AN AMOUNT AT LEAST EQUAL TO THE BENEFICIARY'S SHARE OF THE FACE OR NET AMOUNT OF THE CONTRACT (<i>PROOF OF AGE REQUIRED</i>)	
<p>NOTE - Settlement under one of these options shall be considered full and complete settlement of all liability under this contract. This section shall not be valid unless and until it is recorded in the Department of Veterans Affairs. If the beneficiary fails to select an option, settlement will be based on the option selected by the insured</p>			
<p>This form must be signed by the beneficiary, guardian or fiduciary, in Item 16, in order for payment to be made. If the beneficiary cannot sign his/her name, but is competent to handle his/her own affairs, an "X", made by the beneficiary and signed by two disinterested witnesses, is acceptable.</p>			
16. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN			17. DATE
<p>PRIVACY ACT NOTICE: No proceeds may be paid unless a completed claim form has been received (38 U.S.C. 1917). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U. S. Government Life Insurance Records - VA, published in the Federal Register.</p>			
<p>RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0060), Washington, DC 20503. Do NOT send requests for benefits to these addresses.</p>			
IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL OUR TOLL FREE NUMBER 1-(800)-669-8477			